

10/584250

IAP5 Rec'd PCT/PTO 23 JUN 2006

## Application Data Sheet

### Application Information

Application number:	Not yet assigned
Filing Date:	Herewith
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CFR:	
Title:	AN ALBUM ASSEMBLY
Attorney Docket Number:	ADMS-0012
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	5
Total Drawing Sheets:	7
Small Entity?:	Yes
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** South Africa  
**Status:** Full Capacity  
**Given Name:** Helen  
**Middle Name:**  
**Family Name:** AVRAAMIDES  
**Name Suffix:**  
**City of Residence:** Florida Hills  
**State or Province of Residence:**  
**Country of Residence:** South Africa  
**Street of mailing address:** 481 Ontdekkers Road  
**City of mailing address:** Florida Hills  
**State or Province of mailing address:**  
**Country of mailing address:** South Africa  
**Postal or Zip Code of mailing address:** 1709

## **Correspondence Information**

**Correspondence Customer No.:** 23377  
**Name:**  
**Street of Mailing Address:**  
**City of Mailing Address:**  
**State or Province of Mailing Address:**  
**Country of Mailing Address:**  
**Postal or Zip Code of Mailing Address:**  
**Phone number:**  
**Fax number:**

## **Representative Information**

**Representative Customer No.:** 23377

## Domestic Priority Information

**Application:**                      **Continuity Type:**                      **Parent Application:**                      **Parent Filing Date:**

## Foreign Priority Information

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
ZA	2003/4943	25 December 2003	Yes

## Assignee Information

**Assignee name:**

**Street of mailing address:**

**City of mailing address:**

**State or Province of mailing address:**

**Country of mailing address:**

**Postal or Zip Code of mailing address:**